

All Rates Are MONTHLY

July 1, 2023 through June 30, 2024

	Kaiser	PPO
Employee Only	\$830.02	\$1,456.60
Two Party	\$1,660.04	\$2,924.90
Family	\$2,348.95	\$4,099.43
	New	New
Renewal	7/1/2023	7/1/2023

	DPPO	DPPO	DHMO
Employee Only	\$84.30	\$91.97	\$26.95
Two Party	\$151.73	\$165.53	\$49.79
Family	\$177.01	\$193.12	\$89.38
	No Change	No Change	No Change
Renewal	7/1/2023	7/1/2023	7/1/2023

	Vision	EAP
Employee Only	\$9.33	\$1.48
Two Party	\$18.71	\$1.48
Family	\$30.10	\$1.48
	No Change	No Change
Renewal	7/1/2024	7/1/2025

	Active	Retiree	LTD	IPP
Basic Life per \$1,000	\$0.05	\$1.80	\$0.14	15%
Dependent Life Per \$1,000	\$0.30	\$0.30	per \$100 of Covered Pay	Of SJUSD Contribution
Basic Life	No Change	No Change	No Change	No Change
Dependent Life	No Change	No Change		
Renewal	7/1/2025	7/1/2025	7/1/2025	7/1/2024

**SJUSD Contribution Rates - Employee Benefit Plans
July 1, 2023 through June 30, 2024**

Employee Only Rate

Two Party Rate

Family Rate

Annual

Benefit	<u>Amount</u>		<u>District Amount</u>		PPO or HMO	<u>Amount</u>		<u>District Amount</u>		PPO or HMO	<u>Amount</u>		<u>District Amount</u>	
	PPO or HMO	PPO	HMO	PPO or HMO		PPO	HMO	PPO or HMO	PPO		HMO	PPO or HMO	PPO	HMO
Medical	\$ -	\$ 17,479.20	\$ 9,960.24	\$ 1,200.00	\$ 33,898.80	\$ 18,720.48	\$ 2,400.00	\$ 46,793.16	\$ 25,787.40					
Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
Vision	\$ -	\$ -	na	\$ -	\$ -	na	\$ -	\$ -	na					

12 Month Pay

Benefit	<u>Amount</u>		<u>District Amount</u>		PPO or HMO	<u>Amount</u>		<u>District Amount</u>		PPO or HMO	<u>Amount</u>		<u>District Amount</u>	
	PPO or HMO	PPO	HMO	PPO or HMO		PPO	HMO	PPO or HMO	PPO		HMO	PPO or HMO	PPO	HMO
Medical	\$ -	\$ 1,456.60	\$ 830.02	\$ 100.00	\$ 2,824.90	\$ 1,560.04	\$ 200.00	\$ 3,899.43	\$ 2,148.95					
Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
Vision	\$ -	\$ -	na	\$ -	\$ -	na	\$ -	\$ -	na					

11 Month Pay

Benefit	<u>Amount</u>		<u>District Amount</u>		PPO or HMO	<u>Amount</u>		<u>District Amount</u>		PPO or HMO	<u>Amount</u>		<u>District Amount</u>	
	PPO or HMO	PPO	HMO	PPO or HMO		PPO	HMO	PPO or HMO	PPO		HMO	PPO or HMO	PPO	HMO
Medical	\$ -	\$ 1,589.02	\$ 905.48	\$ 109.09	\$ 3,081.71	\$ 1,701.86	\$ 218.18	\$ 4,253.92	\$ 2,344.31					
Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
Vision	\$ -	\$ -	na	\$ -	\$ -	na	\$ -	\$ -	na					

SJUSD Monthly Contribution Rates - Employee Benefit Plans July 1, 2023 through June 30, 2024

Foundation (PPO) Medical or Kaiser (HMO) Medical

Group	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Employee Amount</u>		<u>District Amount</u>	<u>Employee Amount</u>		<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>	
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
100	\$0.00	\$1,456.60	\$830.02	\$100.00	\$2,824.90	\$1,560.04	\$200.00	\$3,899.43	\$2,148.95
87.5	\$0.00	\$1,456.60	\$830.02	\$100.00	\$2,824.90	\$1,560.04	\$200.00	\$3,899.43	\$2,148.95
75.0	\$0.00	\$1,456.60	\$830.02	\$100.00	\$2,824.90	\$1,560.04	\$200.00	\$3,899.43	\$2,148.95

Dental Plan

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	DPPO		DPPO		DPPO	
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	DHMO		DHMO		DHMO	
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Voluntary Vision Plan (VSP)

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
	VSP		VSP		VSP	
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Life Insurance - \$50,000 Policy

Group	Employee Only Rate	
	<u>Employee Amount</u>	<u>District Amount</u>
100	\$0.00	\$2.50
87.5	\$0.00	\$2.50
75.0	\$0.00	\$2.50

Dependent Life - \$2,000 Policy

Group	Employee Only Rate	
	<u>Employee Amount</u>	<u>District Amount</u>
100	\$0.00	\$0.60
87.5	\$0.00	\$0.60
75.0	\$0.00	\$0.60

FTE %	Hours	Group
93.75 - 100.00%	7.5 - 8.0	100
81.25 - 93.74%	7.0 - 7.49	87.5
75.00 - 81.24%	6.0 - 6.49	75.0

**SJUSD Eleventhly Contribution Rates - Employee Benefit Plans
July 1, 2023 through June 30, 2024**

Foundation (PPO) Medical or Kaiser (HMO) Medical

	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Amount</u>			<u>Amount</u>			<u>Amount</u>		
	<u>PPO or HMO</u>	<u>District Amount</u>	<u>PPO</u> <u>HMO</u>	<u>PPO or HMO</u>	<u>District Amount</u>	<u>PPO</u> <u>HMO</u>	<u>PPO or HMO</u>	<u>District Amount</u>	<u>PPO</u> <u>HMO</u>
Group									
100	\$0.00	\$1,589.02	\$905.48	\$109.09	\$3,081.71	\$1,701.86	\$218.18	\$4,253.92	\$2,344.31
87.5	\$0.00	\$1,589.02	\$905.48	\$109.09	\$3,081.71	\$1,701.86	\$218.18	\$4,253.92	\$2,344.31
75.0	\$0.00	\$1,589.02	\$905.48	\$109.09	\$3,081.71	\$1,701.86	\$218.18	\$4,253.92	\$2,344.31

Dental Plan

	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	DPPO					
Group						
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DHMO						
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Voluntary Vision Plan (VSP)

	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	Group					
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Life Insurance - \$50,000 Policy

	Employee Only Rate		Employee Only Rate	
	<u>Amount</u>	<u>District Amount</u>	<u>Employee Amount</u>	<u>District Amount</u>
Group				
100	\$0.00	\$2.73	\$0.00	\$0.66
87.5	\$0.00	\$2.73	\$0.00	\$0.66
75.0	\$0.00	\$2.73	\$0.00	\$0.66

Dependent Life - \$2,000 Policy

FTE %	Hours	Group
93.75 - 100.00%	7.5 - 8.0	100
81.25 - 93.74%	7.0 - 7.49	87.5
75.00 - 81.24%	6.0 - 6.49	75.0

SJUSD Annual Contribution Rates - Employee Benefit Plans July 1, 2023 through June 30, 2024

Foundation (PPO) Medical or Kaiser (HMO) Medical

Group	Employee Only Rate			Two Party Rate			Family Rate		
	<u>Amount</u>		<u>District Amount</u>	<u>Amount</u>		<u>District Amount</u>	<u>Amount</u>		<u>District Amount</u>
	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO	PPO or HMO	PPO	HMO
100	\$0.00	\$17,479.20	\$9,960.24	\$1,200.00	\$33,898.80	\$18,720.48	\$2,400.00	\$46,793.16	\$25,787.40
87.5	\$0.00	\$17,479.20	\$9,960.24	\$1,200.00	\$33,898.80	\$18,720.48	\$2,400.00	\$46,793.16	\$25,787.40
75.0	\$0.00	\$17,479.20	\$9,960.24	\$1,200.00	\$33,898.80	\$18,720.48	\$2,400.00	\$46,793.16	\$25,787.40

Dental Plan

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	DPPO		DPPO		DPPO	
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
	DHMO		DHMO		DHMO	
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Voluntary Vision Plan (VSP)

Group	Employee Only Rate		Two Party Rate		Family Rate	
	<u>Employee Amount</u>		<u>Employee Amount</u>		<u>Employee Amount</u>	
	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>	<u>Amount</u>	<u>District Amount</u>
100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Life Insurance - \$50,000 Policy

Group	Employee Only Rate	
	<u>Employee Amount</u>	
	<u>Amount</u>	<u>District Amount</u>
100	\$0.00	\$30.00
87.5	\$0.00	\$30.00
75.0	\$0.00	\$30.00

Dependent Life - \$2,000 Policy

Group	Employee Only Rate	
	<u>Employee Amount</u>	
	<u>Amount</u>	<u>District Amount</u>
100	\$0.00	\$7.20
87.5	\$0.00	\$7.20
75.0	\$0.00	\$7.20

FTE %	Hours	Group
93.75 - 100.00%	7.5 - 8.0	100
81.25 - 93.74%	7.0 - 7.49	87.5
75.00 - 81.24%	6.0 - 6.49	75.0

SJUSD Monthly Rates - Kaiser KPSA Program

July 1, 2023 through June 30, 2024

Monthly Individual Rates

With Medicare:

A & B \$200.85

B Only \$510.85

Medicare (KPSA) Combination Rates	Medical Rate w/ Chiro
Subscriber with Medicare	\$200.87
Subscriber with Medicare + Spouse Non-Medicare	1,030.89
Subscriber Non-Medicare + Spouse with Medicare	1,030.89
Subscriber with Medicare + Spouse with Medicare	401.74
Subscriber with Medicare + Child Non-Medicare	1,030.89
Subscriber with Medicare + Children Non-Medicare	1,719.80
Subscriber with Medicare + Spouse with Medicare + Child Non-Medicare	1,090.65
Subscriber with Medicare + Spouse Non-Medicare + Child Non-Medicare	1,719.80
Subscriber Non-Medicare + Spouse with Medicare + Child Non-Medicare	1,719.80
Subscriber with Medicare + Spouse with Medicare + Children Non-Medicare	1,090.65
Subscriber with Medicare + Spouse Non-Medicare + Children Non-Medicare	1,719.80
Subscriber Non-Medicare + Spouse with Medicare + Children Non-Medicare	1,719.80

MONTHLY Rates

Next renewal - 7/1/2025

Employee Life per \$1,000

Age Band	Renewal Rate
< 25	0.05
25-29	0.06
30-34	0.08
35-39	0.09
40-44	0.14
45-49	0.21
50-54	0.32
55-59	0.43
60-64	0.66
65-69	1.27
70 +	2.06

Table I

\$0.05

\$0.06

\$0.08

\$0.09

\$0.10

\$0.15

\$0.23

\$0.43

\$0.66

\$1.27

\$2.06

AD&D per \$1,000

Rate Grouping	Renewal Rate
Employee AD&D	0.03
Spouse AD&D	0.03
Child AD&D	0.03

Dependent Life per \$1,000

Rate Grouping	Rate Type	Renewal Rate
Child Life	Composite	0.15
Spouse Life	< 25	0.05
Spouse Life	25-29	0.06
Spouse Life	30-34	0.08
Spouse Life	35-39	0.09
Spouse Life	40-44	0.14
Spouse Life	45-49	0.21
Spouse Life	50-54	0.32
Spouse Life	55-59	0.43
Spouse Life	60-64	0.66
Spouse Life	65-69	1.27
Spouse Life	70 +	2.06